

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
2		1				52					
3		1				53					
4		1				54					
5		24				55					
6		1				56					
7		1				57					
8		1				58					
9		1				59					
10		1				60					
11		1				61					
12		1				62					
13		1				63					
14		1				64					
15		1				65					
16						66					
17						67					
18						68					
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41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3		↓			TOTAL IND.		↓			
TOTAL DEP.	15		↓			TOTAL DEP.		↓			
TOTAL CLAIMS	18					TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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